

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tasha E. GwynTelephone: (803) 308-2841

Address: 670 Wesgar Ave
Eutawville, SC 29048

Fax: _____

Other: _____

Email: Hgwyn2002@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

JAN 11 2022

MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date:

12/6/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. TNT Circulation Transportation Services LLC

Name under which business is to be conducted: corporation, partnership, or sole proprietorship, with or without trade name.

670 Wesgar Ave Eutawville SC 29048

Street Address of Applicant

670 Wesgar Ave Eutawville, SC 29048

Mailing Address of Applicant (if different from street address)

(803) 308-2841

Phone

Fax

ttgavin2002@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Tasha E. Gavin and Terionda K. Gavin

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$125,000.00	Mortgage/Loan on Real Estate	46,000.00
Value of Motor Vehicles	\$4,800.00	Loans Owed on Motor Vehicles	\$22,500.00
Cash on Hand	0	Business/Other Loans Owed	0
Cash in Bank	0	Other Liabilities or Debts	0
Value of Other Assets and Equipment	\$10,600.00	Total Liabilities	\$68,500.00
Total Assets	\$140,400.00		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: \$ 1.85 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2012 Grand Caravan	2C4RDGE66CR10426		NO
Dodge	2008 Charger	2B3KA43G88H228214		NO

INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

TNT Circulation Transportation LLC

Name of Applicant

670 Wesger Ave Eutawville, SC 29048

Address of Applicant

Amount of Premium:

Liability Insurance \$

17,756.00The above quoted premium is for a term of 10 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Taylor Agency

Name of Insurance Company

147 Wapoo Creek Dr. 5th Fl Charleston, SC 29412

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



Insurance Quotation for Your Road to Success

Quote Date:	11/16/2021	Policy Term:	11/23/2021 - 11/23/2022
Quote Number:	Q-02570/Q-02571	Producer:	Taylor Agency
Named Insured:	TNT CirYOUlation Transportation Services LLC	Producer Code:	9412
Address:	670 Wesgar Ave., Eutawville, SC 29048		

National Specialty Insurance Company

We are pleased to offer the following quotation for the captioned insured. Please read this quotation carefully, as the limits, coverage, and other terms and conditions may vary significantly from those requested in your submission and/or from your expiring policy. Coverages not specifically mentioned in this quotation are not included, the terms and conditions of this quotation supersede the submitted insurance specifications and all prior quotations and binders. Actual coverage will be provided by and in accordance with the policy as issued, the insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind by the insurer. This quotation has been constructed in reliance on the data provided in the submission. Any material changes or misrepresentations of that data voids this quotation. This quotation expires in 3 days from the quote date shown above, or the proposed effective date, whichever is first.

Commercial Automobile:

COVERAGE	SYMBOLS	DEDUCTIBLE	LIMITS	PREMIUM
Liability	2,8,9	\$3,000	\$1,000,000	\$17,756.00
UM BI/PD	7	\$0	\$25,000/\$50,000/\$25,000	\$54.00

General Liability:

COVERAGE	LIMITS
General Aggregate Limit	\$2,000,000
Products and Operations Aggregate Limit	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit	\$1,000,000
Damage to Premises Rented To You Limit	\$100,000
Medical Expense Limit	\$5,000
Sexual Abuse and Molestation Occurrence Limit	\$1,000,000
Sexual Abuse and Molestation Aggregate Limit	\$1,000,000



Insurance Quotation for Your Road to Success

Vehicle List:

YEAR	MAKE	MODEL	LAST 4 OF VIN	STATED VALUE
2008	Dodge	Charger	8214	Liability Only
2012	Dodge	Caravan	4206	Liability Only
TOTAL VEHICLES: 2				

Driver List:

LAST NAME	FIRST NAME	DOB	LAST 4 OF DRIVERS LICENSE #
Gavin	Torionda		
Gavins	Tasha		
TOTAL DRIVERS: 2			

Binding Conditions:

- Quote is subject to information, as presented; premium may change if amended.
- Signed Supplemental Application, applicable Acord forms, UM/UIM selection/rejection forms, and TRIA form (if applicable).
- Copy of ModivCare or Southeastrans contract within 30-days of binding or policies are subject to cancelation.
- Driver schedule inclusive of individual driver phone numbers.
- Driver Release Form, consenting to MVR monitoring, signed by all drivers.
- Insureds that provide wheelchair or stretcher services, must provide Securement Training certificates, for all drivers within 30-days of binding or policies are subject to cancelation.
- DOT Medical reports for all operators over the age of 70.
- Premium payment in full, or copy of signed finance agreement and down payment, due upon binding. Filings and/or DMV reporting will not be processed without confirmation of payment or copy of signed finance agreement and down payment.
- Must abide by the telematics provision of this proposal.
- General liability quote is subject to a \$1,300 minimum earned premium.

Disclaimers and General Conditions:

1. This quote is subject to favorable loss experience verification, if not obtained prior to the release of this quote.
2. NEMT reserves the right to exclude any driver, for any reason and at any point during the policy period, who may otherwise qualify under NEMT's criteria.
3. Insured agrees to maintain a signed Driver Consent form for each driver.
4. All vehicle and driver changes MUST be reported as they occur.
5. The proposed Commercial Auto policy has a **Liability deductible** of \$3,000 for all accidents involving **Non-reported*** drivers. This is adjusted to \$1,000 for accidents involving a reported (scheduled) driver.
6. The proposed Commercial Auto policy has a **Physical Damage deductible** of \$1,000 for all accidents involving a reported driver. This is adjusted to \$3,000 for all accidents involving a non-reported* driver.

* **Non-reported driver** is defined as a driver who, prior to the time of the accident, has **NOT** been submitted to, approved by and listed by NEMT Insurance on the policy's Driver Schedule as a qualified operator of the covered auto.



Binding Conditions, Acknowledgement, and Order

1. Quote is bound as proposed.
2. Down payment must be remitted before binding.
3. Completion of the proposal and submission of all documents required by NEMT Insurance, LLC.

Coverage Acceptance

I/we agree on behalf of all proposed Named Insureds to purchase the above proposed coverages subject to the following exceptions/changes:

Additional Quotations

Please indicate any additional policy types for which you would like to receive a quotation:

By executing the below, I/we, on behalf of all proposed named insureds, authorize Taylor Agency to deliver any and all policies, invoices, endorsements, notices, evidences of coverage, and/or any other documents related to policies procured pursuant hereto or hereafter at the request of any of the named insureds, via electronic means such as facsimile or electronic mail, and that such electronic delivery to any of the below signatories or their successors or assigns shall constitute delivery to the first named insured. I/we further authorize Taylor Agency to furnish copies of all such policies, endorsements and notices to all listed additional insureds on said policies.

At your request, your coverage is being placed with National Specialty Insurance Company. This insurer is currently rated "A" (Excellent) by A.M. Best Company, a leading monitor of the financial performance and stability of insurance companies. A rating by the A.M. Best Company is an indication of the insurance company's financial strength and operating performance, with the top rating being "A++" (Superior). Please see the attached page for more details regarding A.M. Best's carrier ratings.

While A.M. Best Company's rating of National Specialty Insurance Company is currently "A", this is not a guarantee of future performance. We are not experts in the financial analysis of insurance companies. Should this company become insolvent (bankrupt) or unable to satisfy its obligation to pay claims at some future point in time our agency cannot be held responsible for failing to foresee such an occurrence.

By signing this page, you hereby agree to release, acquit, and forever discharge our firm and its members, managers, employees, agents, assigns, successors, and other legal representatives (collectively, the "Releasees") from, and agree not to sue any one or more of the Releasees for, any and all claims, demands, causes of action, and other liabilities of any kind or nature whatsoever that you may have now or in the future, whether known or unknown, based on, or arising out of, the placing of your insurance coverage with National Specialty Insurance Company.

Printed Name and Title

Signature

Date

**Total Premium and Expense**

General Liability	\$1,500.00
Commercial Automobile	\$17,810.00
Telematics Subscription Fee	\$600.00
Total Annual Premium	\$19,910.00

Premium Financing With IPFS: see terms per attached Premium Finance Agreement

Form "E" or similar filings: If the State(s) in which you operate require your Automobile insurers to send Form "E" or similar filings to the State(s) on your behalf, please note that we must receive your written instructions to bind coverage at least three (3) business days in advance of your policy effective date in order to ensure timely filing of such form(s). You may be subject to State fines or penalties if your required filings are not received by the State(s) on or prior to the effective date of your policy. Neither Taylor Agency nor the quoting Automobile insurer(s) shall bear any responsibility for payment or reimbursement of any such fines or penalties where your written binding instructions, accompanied by all other items and documents described herein as necessary to bind coverage, are not received by us at least three (3) business days prior to the policy effective date. In the event your policy cancels mid-term due to non-payment of premium, insurer's request, or at your request, state protocols require coverage to remain in force for a minimum of 30 days.

Printed Name and Title

Signature

Date

Exhibit Fit, Willing, and Able (FWA)

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Dash
Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF *Orangeburg*

SWORN TO BEFORE ME

This *9* day of *Dec* 20*21*

Annette Presley
Notary Public

Commission Expires *10-4-2028*

Business Entities Online

File, Search, and Retrieve Documents Electronically

T N T CirYOUlation Transportation Services LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 11/12/2020

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: LaQwandra Simmons

Address: 670 Wesgar Ave.
Eutawville, South Carolina 29048

Official Documents On File

Filing Type	Filing Date
Articles of Organization	11/12/2020